SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 310
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Gail A. Kincannon

Mailing Address 11720 Emerald Falls Drive

City Austin
State TX
Zip Code 78738-5329

FEC ID number of contributing federal political committee.
C

Name of Employer New York Life Insurance Company
Occupation Agent

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2015
Transaction ID : PR9630612636
Amount of Each Receipt this Period
100.00

P/R Deduction ($100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Tiffany H. Kirgan

Mailing Address 3557 County Road 3802

City Bullard
State TX
Zip Code 75757-8414

FEC ID number of contributing federal political committee.
C

Name of Employer New York Life Insurance Company
Occupation Agent

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2015
Transaction ID : PR9633612636
Amount of Each Receipt this Period
50.00

P/R Deduction ($50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark B. Kline

Mailing Address 145 Robert E Lee Blvd. Ste. 310

City New Orleans
State LA
Zip Code 70124-2574

FEC ID number of contributing federal political committee.
C

Name of Employer New York Life Insurance Company
Occupation Agent

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
06 / 30 / 2015
Transaction ID : PR9637712636
Amount of Each Receipt this Period
250.00

P/R Deduction ($250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).. ▶ 400.00

TOTAL This Period (last page this line number only)............................. ▶

FEC **Schedule A (Form 3X)** Rev. 02/2003